

DEC 28 2006

FEE TRANSMITTAL		Application Number		10/619,511	
		Filing Date		7/16/2003	
		First Named Inventor		Katoh	
		Examiner Name		Ahmad NASSER	
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Art Unit		1772	
TOTAL AMOUNT OF PAYMENT		(\$)		120	
		Attorney Docket No.		24-008	

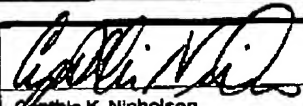
  

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> None <input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <u>50-1147</u> Deposit Account Name: <u>Posz Law Group, PLC</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	
<input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	\$
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	160	80	0	0	0	0	
							Small Entity
							Fee (\$)
							Fee (\$)
2. EXCESS CLAIM FEES							
Fee Description							
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent							50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							200
Multiple dependent claims							360
Total Claims							
		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
					Fee (\$)		Fee Paid (\$)
		- 20 or HP =	x	=			
HP = Highest number of total claims paid for, if greater than 20							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
		- 3 or HP =	x	=			
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$ (\$ for small entity)							
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)	
		- 100 =	/ 50 =	(round up to a whole number) x	=	Fees Paid (\$)	
4. OTHER FEE(S)							
Non-English Specification,		\$130 fee (no small entity discount)					
Other: <u>Petition for Extension of Time (1 month)</u>						120	

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	36,880
Name (Print/Type)	Cynthia K. Nicholson	Telephone	(703) 707-9110
		Date	28 December 2006

## POSZ LAW GROUP, PLC

DEC 28 2006

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SPECIALIZING IN PATENTS, TRADEMARKS &amp; COPYRIGHTS

DEBRA G. SHOEMAKER, PH.D.\*\*

\* NOT ADMITTED IN VIRGINIA  
PRACTICE LIMITED TO FEDERAL PATENT,  
TRADEMARK AND COPYRIGHT MATTERS  
\*\* PATENT AGENTFACSIMILE TRANSMISSIONDate: 12/28/2006

Pages: 16 (including this page)

To: USPTO

From: Cynthia K. Nicholson

Fax No.: 571-273-8300

Subject: Amendment

Comments:

Applicant: Katoh	Serial No.: 10/619,511
Filing Date: 7/16/2003	Atty Dkt: 24-008

Title: LAMINATE SHEET AND PRODUCING METHODS THEREFOR

Attached please find:

- (1) 12-page Amendment;
- (2) Transmittal form;
- (3) Petition for Extension of Time (1 month); and
- (4) Fee Transmittal.

CERTIFICATE OF FACSIMILE TRANSMISSION

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Signature: 

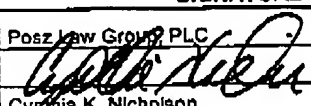
## \*\*\*\*Notice\*\*\*\*

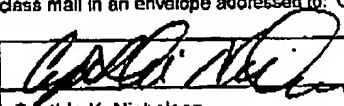
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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/619,511
	Filing Date	7/16/2003
	First Named Inventor	Katoh
	Art Unit	1772
	Examiner Name	Ahmad NASSER
Total Number of Pages In This Submission	Attorney Docket Number	24-008

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Posz Law Group PLC		
Signature			
Printed name	Cynthia K. Nicholson		
Date	28 December 2006	Reg. No.	36,880

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Cynthia K. Nicholson	Date	28 December 2006